

EXHIBIT 45

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote "Act 96" as the basis for your claim, please elaborate now as to the specific laws on which you are purporting to rely, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim.

Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to PRClaimsInfo@primeclerk.com, or **by mail or hand delivery**, to the following address:

<u>By mail</u>	<u>By hand delivery or overnight mail</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☒ A pending or concluded legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

[hw:] 17,625.00

Batch 16



[text cut-off]

3. Please answer all questions and any applicable sub-questions.
4. Please include as much detail as possible in your responses.
 - a. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote “Act 96” as the basis for your claim, please elaborate now as to the specific laws on which you are purporting to rely, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim.
 - b. If available and applicable to your claim, please provide:
 - Copy of a pleading, such as a Complaint or an Answer;
 - Any unpaid judgment or settlement agreement;
 - Written notice of intent to file a claim with proof of mailing; and
 - Any and all documentation you believe supports your claim.
5. If you do not have a copy of your claim, you may download a copy by visiting Prime Clerk’s website at: <https://cases.primeclerk.com/puertorico/Home-ClaimInfo>.
6. You must sign your response where indicated below. If you do not sign your response, the clerk will not accept it for filing.
7. Please file the completed form and any supporting documents as directed in the Notice accompanying the Omnibus Objection to your claim.

Questionnaire

Questionnaire

1. Please provide a name, address, telephone number, and email address of either (1) the responding claimant; (2) the claimant’s attorney or designated representative to whom the attorneys for the Commonwealth, ERS, PBA, or COFINA should serve a reply to the response, if any; or (3) the party with authority to reconcile, settle, or otherwise resolve the Omnibus Objection on the claimant’s behalf.

- ☐ **Name:** [hw:] Evelyn Ramírez Montes
- ☐ **Address:** [hw:] Urb Monte Brisas 5, Calle 5-12, 5 L-21, Fajardo, PR 00738
- ☐ **Telephone number:** [hw:] 787-361-0956
- ☐ **Email address:** _____

4(e). Status of the case (pending, on appeal, or concluded):

[hw:] Pending resolution

4(f). Do you have an unpaid judgment? ☒ Yes / No (Circle one)

If yes, what is the date and amount of the judgment?

[hw:] 09/23/2019 \$17,625.00



3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

☐ No. Please continue to Question 4.

☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

[hw:] Department of Education

3(b). Identify the dates of your employment related to your claim:

3(c). Last four digits of your social security number: [hw:] 8294

3(d). What is the nature of your employment claims? (Select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

[hw:] Salary increase of \$ 375.00, effective July 1, 2003.

Teaching Career Act No. 208 of August 28, 2002

4. Legal Action. Does your claim relate to a pending or closed legal action?

☐ No.

☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

[hw:] Department of Education

4(b). Identify the name and address of the court or agency where the action is pending:

[hw:] United States District Court for the District of Puerto Rico

4(c). Case number: [hw:] 170859 Case No. 17-03283

4(d). Title, Caption, or Name of Case:

[hw:] Title III



Your Proof of Claim number: [hw:] 170859

2. Proof of Claim Number: 170859

3. The Debtors have objected to your Proof of Claim because it does not provide sufficient information for the Debtors to understand the basis for your claim. Please check the box to which your Proof of Claim relates and explain the reason why you oppose the objection by explaining the basis for your claim. Attach additional pages if needed.

☒ A pending or concluded legal action with or against the Puerto Rican government

☐ Current or former employment with the Government of Puerto Rico

Please attach a copy of any other documentation or other evidence in support of your claim.

4. What is the amount of your claim (how much money do you claim to be owed):

[hw:] \$17,625.00

5. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

☐ No. *Please continue to Question 6.*

☒ Yes. Answer Questions 5(a)-(d).

5(a). Identify the specific agency or department where you were or are employed:

[hw:] Department of Education

5(b). Identify the dates of your employment related to your claim:

5(c). Last four digits of your social security number:

[hw:] 8294

5(d). What is the nature of your employment claims? (Select all applicable):

☐ Pension

☒ Unpaid Wages

☐ Sick Days

☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

[hw:] Unpaid salary raise of \$375.00 per month under the
Teaching Career Act

6. **Legal Action.** Does your claim relate to a pending or concluded legal action?

☐ No.

☒ Yes. **Answer Questions 6(a)-(f).**

6(a). Identify the department or agency that is a party to the action.

[hw:] Department of Education

6(b). Identify the name and address of the court or agency where the action is pending:

[hw:] United States District Court for the District of Puerto Rico

6(c). Case number: [hw:] 17-BK-03283

6(d). Title, Caption, or Name of Case:

[hw:] Title III Act 96

6(e). Status of the case (pending, on appeal, or concluded):

[hw:] Pending

6(f). Do you have an unpaid judgment? (Yes) / No (Circle one)

If yes, what is the date and amount of the judgment

[hw:] 09/23/ 2019 \$17,625.00

PLEASE SIGN YOUR RESPONSE BELOW

[handwritten signature]

Signature

Evelyn Ramirez Montes

Printed Name

Date

**COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF EDUCATION
HUMAN RESOURCES OFFICE**

Dear Sir/Madam,

Act No. 208 of August 28, 2002, known as the Teaching Career Act, amended Act No. 158 of July 18, 1999, incorporating School Counselors, School Social Workers, Instructional Technology Specialist Teachers, Vocational Programs Coordinators, and Industrial Coordinators within the System.

In accordance with temporary provisions of Article 8.01 of the aforementioned Act, recognition by classifications and levels is established for such employees, who were already working within the System as of the effective date of this Act. Article 9.06 provides that they will have one (1) year, from the effective date of this Act to apply for the same. The deadline is August 2003.

The classification and level recognition as **SCHOOL SOCIAL WORKER III** entails a salary increase of \$375.00, effective July 1, 2003. In order to process the increase in salary for the month of July, the attached stub booklet must be received at the Human Resources Assistant Office no later than May 30, 2003.

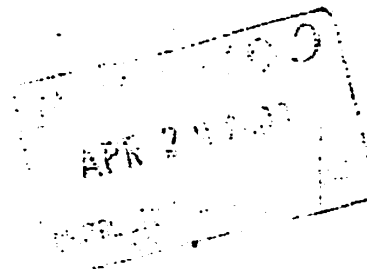
The option to claim the classification and level that corresponds to you is voluntary. We attach the stub booklet that you must submit to the School Principal, or send it by certified mail to the following address:

**Human Resources Assistant Office
P.O. Box 190759
San Juan, Puerto Rico 00919-0759**

The final decision of the Secretary will be reviewable through the complaints and arbitration procedures established by Act No. 45 of February 25, 1998, as amended, known as the "Labor Relations Act for the Public Service of Puerto Rico", and in the Collective Bargaining Agreement signed between the Department of Education and the exclusive representative of the employees.

Sincere regards,

[handwritten signature]
César A. Rey Hernández, Ph.D.
Secretary





CANCIO, NADAL, RIVERA & DÍAZ, P.S.C.
ATTORNEYS AND COUNSELLORS AT LAW

July 17, 2021

Re: Teaching Career Complaint

Dear School Counselor and Social Worker,

We have asked the Court to hear the cases of School Counselors and Social Workers individually, as a result of the decision of the Supreme Court.

Your name, specifically, is included in the Complaint. As a first remedy, we have requested that the Court determine if the Teaching Career Act was discriminatory by excluding School Counselors and Social Workers from the benefits of this Act.

We hope that said first request will be promptly addressed. As soon as the Court makes a decision on this finding, we will request a hearing on the merits of your case, for which we will contact you.

The Teachers' Association of Puerto Rico is committed to processing this case until its final resolution.

We will keep you informed.

Sincerely,

[handwritten signature]

MELISSA LÓPEZ DÍAZ

#209777.1

MAIN OFFICE
403 MUÑOZ RIVERA AVENUE • HATO REY, PR 00918-3345
PO BOX 364966 • SAN JUAN, PR 00936-4966
TEL. (787) 767-9625 • FAX (787) 764-4430 • www.cnrd.com

REGIONAL OFFICE
ROVIRA OFFICE PARK • SUITE 401 • 623 LA CEIBA AVENUE • PONCE, PR 00717-1902
TEL. (787) 848-0666 • FAX: (787) 841-1435 • www.bufete-emmanueli.com

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).		
<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

Evelyn Ramirez Montes

Name of the current creditor (the person or entity to be paid for this claim)
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor

2. Has this claim been acquired from someone else? ¿Esta reclamación se ha adquirido de otra persona?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Sí. ¿De quién?
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)	Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor? Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)
Name / Nombre Urb. Monte Brisas 5, Calle 5-12, 5L-21 Fajardo, P.R. 00738 787-361-0956 evelyn_2000-br@yahoo.com	Name / Nombre Evelyn Ramirez Montes Urb. Monte Brisas 5, Calle 5-12, 5L-21 Fajardo, P.R. 00738 787-361-0956 evelyn_2000-br@yahoo.com
4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) Filed on / Presentada el (MM/DD/YYYY) / (DD/MM/AAAA)
5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Sí. ¿Quién hizo la reclamación anterior?
Part 2 / Parte 2: Give information About the Claim as of the Petition Date Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.	
6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primereclerk.com/puertorico/) Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primereclerk.com/puertorico/) Estado Libre Asociado de P.R. - Depto. de Educación
7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?	<input type="checkbox"/> Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación: Vendor / Contract Number / Número de proveedor / contrato: List any amounts due after the Petition Date (listed above) but before June 30, 2017: Añote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$

Modified Official Form 410

Proof of Claim

page 2

8. How much is the claim?

¿Cuál es el importe de la reclamación?

\$17,625.00

Does this amount include interest or other charges?
¿Este importe incluye intereses u otros cargos?

☒ No / No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).

9. What is the basis of the claim?

¿Cuál es el fundamento de la reclamación?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.

Aumento de sueldo no pagado al demandante
Unpaid salary increase of \$375.00 per month
under the Teaching Career Act

10. Is all or part of the claim secured?

¿La reclamación está garantizada de manera total o parcial?

☒ No / No

☐ Yes. The claim is secured by a lien on property.

Sí. La reclamación está garantizada por un derecho de retención sobre un bien.

Nature of property / Naturaleza del bien:

☐ Motor vehicle / Vehículos

☐ Other. Describe:

Otro. Describir:

Basis for perfection / Fundamento de la realización de pasos adicionales:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención).

Value of property / Valor del bien: \$

Amount of the claim that is secured /
Importe de la reclamación que está garantizado: \$

Amount of the claim that is unsecured /
Importe de la reclamación que no está garantizado: \$

(The sum of the secured and unsecured amounts should match the amount in line 7.)
(La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)

Amount necessary to cure any default as of the Petition Date /
Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$

Annual Interest Rate (on the Petition Date)

Tasa de interés anual (cuando se presentó el caso) %

☐ Fixed / Fija

☐ Variable / Variable

11. Is this claim based on a lease?

¿Esta reclamación está basada en un arrendamiento?

☒ No / No

☐ Yes. Amount necessary to cure any default as of the Petition Date.

Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$

12. Is this claim subject to a right of setoff?	<input type="checkbox"/> No / No
¿La reclamación está sujeta a un derecho de compensación?	<input checked="" type="checkbox"/> Yes. Identify the property / Sí. Identifique el bien: <u>Unpaid money</u>
13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?	<input type="checkbox"/> No / No
¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?	<input checked="" type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. <u>\$ 17,625.00</u> Sí. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

- ☒ I am the creditor. / Soy el acreedor.
☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 09-17-2019 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

Evelyn Ramirez Montes
First name / Primer nombre Middle name / Segundo nombre Last name / Apellido

Title / Cargo

Social Worker III

Company / Compañía:

Commonwealth of Puerto Rico - Department of Education

Identify the corporate servicer as the company if the authorized agent is a servicer. Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

Urb. Monte Brasas, Calle 5-12, 56-21
Number / Número Street / Calle

Fajardo
City / Ciudad

P.R. 00738
State / Estado ZIP Code / Código postal

Contact phone / Teléfono de contacto

787-361-0956

Email / Correo electrónico

perlyn.2000.pr
@gohbo.ce





T 718.384.8040
W TargemTranslations.com
E projects@targemtranslations.com
A 185 Clymer St. Brooklyn, NY 11211

TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)

TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 28121 ECF No 19409**

Signed this 29th day of December, 2021



Verify at www.atanet.org/verify

A handwritten signature in blue ink, appearing to read 'Andreea I. Boscor'.

Andreea I. Boscor

